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ABSTRACT

The document contains six papers on the use of residential schools as a resource for meeting the needs of handicapped children and adults. The following titles and authors are included: "The Residential School as a Research and Demonstration Center--An Untapped Resource" (J. Gallagher); "Serving the Needs of the Low Incidence Handicapped in an LEA (Local Education Agency): Some Problems and Solutions" (M. Seaborne); "The First 150 Years: A Historical Perspective" (J. Gallagher); "The Resident School, A Comprehensive Child Study Center: Statewide Ramifications" (R. Millard); "The Growing Needs of the Adult Handicapped--Meeting the Challenge of the 80's" (R. Bremer); and "Legal Changes in Children's Constitutional Rights" (W. Spencer). Among the topics addressed are the role of the residential school in training public school personnel and others to effectively provide services to the sensory impaired, mentally handicapped; cooperative planning between LEAs and residential schools; the diverse forces, pressures, and influences on the residential school; the advantage of shared services between public schools and residential programs in providing educational services to handicapped children; the needs of, attitudes toward, and a model for serving the handicapped adult; and court cases affecting recent changes in children's constitutional rights. (SBH)

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The Residential School: A Dinosaur of the Past or a Catalyst for Constructive Change

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57th Annual International Convention, The Council for Exceptional Children
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Session TH57: The Residential School: A Dinosaur of the Past or a Catalyst for Constructive Change

57th Annual CEC Convention - Dallas, Texas

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THE RESIDENTIAL SCHOOL AS A RESEARCH AND DEMONSTRATION CENTER - AN UNTAPPED RESOURCE

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INTRODUCTION

The increasing pressure on residential schools to justify their existence is being accompanied by increasing demands for accountability and for optimum uses of all available resources. Due to the size and comprehensiveness of most residential schools, the taxpayer has a rather large investment, both in terms of buildings, equipment and other capital items, as well as in terms of annual appropriations for personnel and programs. Like other public service institutions, residential schools will come under closer and closer scrutiny as to how these resources are utilized.

The trend toward the integration of the deaf, the blind and the mentally handicapped into the mainstream of education and society will provide increasingly greater opportunities for residential schools to make expanded and better use of their resources.

Many of the same specialized personnel who are used to accomplish the basic mission of residential schools, that are providing comprehensive and other needed services to students directly, can also be utilized to perform other roles and to provide other services which are needed to impact positively on the lives of handicapped children and adults who are not served directly.

For residential schools to obtain optimum use of existing resources, it is necessary that the residential school view itself as a part of the total service delivery system for the particular type of handicapped individuals served as well as for the handicapped in general. As such, residential schools by virtue of the fact that they have concentrations of specialized resources, are in a position to contribute in varied and diverse ways to the total service delivery system. This total system includes all types of services, from both private as well public

services, which are provided to serve the needs of the handicapped.

Some residential schools have historically provided training for teachers and other specialized personnel to work with the handicapped, conducted research and engaged in other types of activities which contributed to more than just the population of handicapped individuals served by the School. In some cases in the past, these activities were undertaken because there was no one else to do it. For example, early residential schools had to train their teachers because there were no teacher training programs at universitites or anywhere else. In the more recent past, some residential schools have been very active in providing expanded services to local schools and others; nevertheless, these efforts have been scattered. As a result, residential schools have yet to realize their maximum potential in contributing to the total service delivery system for handicapped individuals.

The purpose of this paper is to provide some general impressions on how the role of the residential schools can be expanded to generate new knowledge, to share this knowledge with other service providers and to train public school personnel and others in how to effectively provide certain services to the sensory impaired, mentally handicapped and perhaps other handicapped individuals as well.

TEACHING, DEMONSTRATION AND PRACTICUM CENTER

During the early part of the 19th century, there were no training programs for teachers and other professional personnel who work with the deaf and with the blind. Teachers during this period were generally well-educated men who were trained on the job through individual supervision and in-service training programs. Formal training programs for teachers of the deaf were not initiated until 1891 when congress appropriated $3,000 to the Columbia Institution for the Deaf to provide six instructors from Gallaudet College with training in speech and speech reading (Brill, 1974, p. 97). In the area of preparation of blind teachers, the first official training program in the United States was not instituted until 1920 when Dr. Edward Allan, Director of the Perkins School for the Blind, worked out an arrangement with Harvard University to begin a program leading to a Harvard Master of Education degree (Lowenfeld, 1975, pp.115-16). In both of these instances, the respective residential schools worked jointly with a university to provide credit programs. Subsequent to this, other residential schools entered into arrangements with other colleges to offer special education courses.

Although several residential schools which serve the blind and residential schools which serve the deaf have continued to have cooperative arrangements with local universities for teacher training programs, the trend toward integrating sensory impaired students into the mainstream of education prompted many colleges and universities to initiate programs which did not have any connection with residential schools. During the last two decades, the number of colleges and universities with training programs expanded rapidly. For example, there were twenty-two Masters' level and several doctoral level university programs in the education of visually handicapped children in the United States in 1973.

Even though most of the teachers who serve the visually handicapped ~~today and~~ in the future will undoubtedly work in a public school or other type of integrated setting, this does not mean that residential schools should be relied upon less heavily to assist unviersities and colleges in the training of teachers and other specialists to serve the sensory impaired. With proper planning and leadership, residential schools can serve as an invaluable resource, even to teachers who work eventually in local public schools.

For this to happen, it will be necessary for residential schools to seriously accept its role as a training and practicum center. It will be necessary for residential schools, in many cases, to assume the initiative, actively seeking the cooperation of colleges and universities and demonstrating how their resources can be utilized to meet the needs of some trainees which are currently not being met as well as they could be. In some cases, the leadership of residential schools will have to actively seek outside funding in order to provide a stimulus for some universities to devote the necessary efforts to develop cooperative relationships and to engage in the necessary planning for effective programming. This can be a rather time consuming task for the administration of residential schools since these schools can be a vital instrument in the provision of training not only for teachers but also for psychologists, social workers, counselors, nurses, epidemiologists and other medical personnel, audiologist, speech therapist and a host of other specialized and nonspecialized personnel who are in degree programs. This must be accomplished in the context of expanding resource utilization rather than taking away needed resources for basic programs.

Several residential schools, including the South Carolina School for the Deaf and the Blind, have entered into consortium arrangements with one or more

universities and colleges. Such arrangements can prove to be extremely beneficial to both types of public service institutions since it enables them to prove their resources for a common purpose, resources which are payed for by the same taxpayer in the case of public institutions. Among the specific benefits for residential schools is the greater use of the physical plant and personnel during the summer. Demonstration programs can be arranged so that trainees come to the campus and work directly with children while receiving instructional programs from participating colleges and from the staff of the residential school. This enables the residential school to utilize facilities which would have been underutilized and also possibly generate some revenue which could help support the maintenance of these facilities during the summer months.

The residential school is also in a position to provide some very specialized services to children that are not generally available in public schools. For example, summer programs for the gifted and talented deaf or gifted and talented blind child can be provided at residential schools. These same programs can also be utilized to train teachers and other specialist in public schools to work with these children. Specialized programs for the visually impaired or hearing impaired children with specialized learning deficits can also be provided while concurrently being used for specialized training to public school and residential school professionals.

For residential schools to make optimum use of their capacities to assist in the preparation of professionals and paraprofessionals to serve the handicapped, they must be staffed with professionals who are highly competent in their specialized areas and who are desirous of sharing their expertise with others. In some cases, this will require extensive staff development. In other cases, professional personnel who would have formally gone to universities to participate

in training programs can be attracted to the staffs of the residential schools. There are many professionals today who welcome the opportunity to work in an environment in which it is possible to satisfy some academic needs (training, teaching, research, etc.) while being able to provide direct services to handicapped children. It is necessary sometime to vigorously recruit these people; however, they add strength to the residential school if properly utilized.

RESEARCH - LEARNING RESOURCE CENTER

The potential for residential schools across the United States to generate new knowledge to improve the education, development and well-being of handicapped people is enormous. Although some residential schools have made substantial contributions in this area and although others are beginning to move in this direction, the potential resources possessed by residential schools which could be utilized for this purpose has been largely untapped.

A number of factors will influence the extent to which residential schools can generate and disseminate new knowledge for the benefit of those handicapped children served. One such factor is size. Patently, the more comprehensive the services offered and the greater the variety and number of specialized personnel available, the greater the potential for utilizing these resources for research and demonstration purposes. Nevertheless, even relatively small residential schools generally possess the capability to make substantial contributions.

Residential schools, particularly those with the sensory impaired, have made a significant impact in certain areas recently. This is particularly true in the area of curriculum development although much remains to be done. Other areas which need immediate attention include the following:

(1) The design and testing of instructional methods and materials;

(2) The evaluation of new instructional concepts;

(3) The design and development of new career education avenues;

(4) The identification of factors affecting recruitment, selection and retention of teachers and other professional personnel who work with the handicapped;

(5) The development of knowledge and methods useful in the understanding and improvement of teacher education;

(6) The development of new techniques to improve teacher effectiveness in the use of behavioral research to serve sensory impaired and mentally handicapped children in a classroom;

(7) The development of means to improve teachers' ability to perform general and specific skills of teaching within curriculum areas and student development levels;

(8) The development of means to improve the teachers work on the basis of improved understanding of lingiustic phenomenon and the effects of sensory impairment upon such;

(9) The development of a better understanding of the mental life of teachers of the sensory impaired, both in residential and public school settings, their antecedents and their consequences for teaching and student performance;

(10) The generation of scientific knowledge on how the residential school can organize to provide optimum services to students;

(11) The further exploration of how to optimize the functions of all personnel who provide educational services to students in residential and other settings.

The above represent but only a few general types of areas in which residential schools can make a significant contribution. Quite clearly, the extent to which these contributions can be made will be depended upon many factors. It will be necessary that residential schools have in-house or at least have access to some highly specialized personnel who are extremely competent in research methodology and its application to complex educational settings. In some cases, residential schools can attract professional staff members who also have the skills but who are also interested in providing direct services to children. In other cases, the residential schools may need to work out cooperative arrangements with universities and colleges and other organizations. It may even prove feasible in some cases for residential schools to assist in the establishment of foundations which could raise money to support research and to provide research staff at no cost to the residential school. This is a procedure that is utilized at many universities and can be utilized more extensively in residential schools.

In order to get maximum utilization of the new knowledge which is generated at residential schools in the future, there must be an improved system of disseminating this knowledge and making it available without years of lag time. This is the same problem that has traditionally been faced by universities and others in a scientific community. Residential schools, universities, professional organizations and others interested in the dissemination of new knowledge and techniques can combine to minimize this problem. This again is an area in which residential schools may need to assume a leadership position rather than passively waiting for the information to be distributed to them.

In summary, it is obvious that a residential school, with a proper leadership and commitment, can serve as a vehicle for advancing tremendously our knowledge of ways in which we can improve the services needed by the visually impaired and

other handicapped individual. Through so doing, it can potentially serve as a catalyst for the generation of additional knowledge which in turn will have a very pervasive effect on the future of handicapped people.

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Serving the Needs of the Low Incidence Handicapped in an LEA: Some Problems and Solutions

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One group of students which has traditionally been educated in an institutional setting is deaf children. Problems encountered in providing a less restrictive education in a Local Education Agency (LEA) as well as untapped resources of State residential facilities are discussed.

For low incidence handicaps such as deafness the first problem which arises is the small number of students. Regardless of funds available the incidence of the handicap yields a population low in numbers but also a population with wide differences in age, hearing loss, mode of communication, intelligence, academic performance and compounding handicaps. Unless the population base is raised, some problems remain insurmountable.

Cooperative programming with neighboring LEA's not only solves the numbers problem, it is more cost efficient. Residential schools can act as a resource to Local Education Agency's as they begin to merge.

Assuming that cooperative arrangements are in operation, what problems remain. There are seven (7) areas to be considered: Evaluation, curriculum, parent education, related services, materials and equipment, transportation, and specialized staff. An institution like a State School for the Deaf can serve as resources in some areas and can provide direct services in other areas.

Alternatives for the role of residential schools in the changing relationship between state institutions and LEA's are discussed.

Area: Student Evaluation
Alternatives for Assistance From Residential Schools:

1) Provide direct services to the child who is difficult to test.
2) Conduct training/inservice for psychologists from LEA's
3) Provide practicum for colleges
4) Coordinate state-wide achievement testing (and demographic information)
5) Conduct in-service for LEA personnel in achievement testing
6) Store, colate data
7) Conduct research
8) Field test new instruments

Area: Curriculum
Alternatives:

1) Research existing scope and sequence in different areas
2) Conduct in-service on the above
3) Coordinate adoption of State approved texts

Area: Parent Education
Alternatives:
1) Provide in-service for LEA staff-coming to the local geographical area
2) Research and disseminate information on programs, e.g. curriculum for parents
3) Develop media packages
4) Develop video-tape packages for training parents in early auditory training, sign language
5) Coordinate state-wide parent video-tape training packages program
6) Sponsor "Learning Weekends" at the institution itself and "at home".

Area: Related Services - Social
Alternatives:
1) Conduct summer programs paid through Crippled Children, Medicaid, Recreation Department
2) Sponsor weekend organizations for children, adolescents, and through community education, young adults, adults
3) Conducting organized sports for children in LEA's including the administration and support of a state owned transportation system
4) Sponsor scouting and other leisure activities
5) Contact local centers such as art galleries for participation in classes by deaf people

Area: Related - Audiology
Alternative:
1) Store statistical data on persons and their group

Area: Related - Speech/Physical/Occupational Therapy
Alternative:
1) Conduct in-service

Area: Materials and equipment
Alternatives:
1) Provide information to new programs on basic materials and equipment
2) Research and disseminate information on new materials and equipment
3) Develop media
4) Coordinate videotape training programs
5) Serve as State Depository for Captioned Films

Area: Specialized Staff
Alternatives:
1) Serve as practicum site
2) Conduct summer workshops and courses
3) Provide consulting services

Session TH57: The Residential School: A Dinosaur of the Past or a Catalyst for Constructive Change

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THE FIRST 150 YEARS: A HISTORICAL PERSPECTIVE

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INTRODUCTION

With the establishment of the American Asylum for the Education and Instruction of the Deaf (now American School for the Deaf in Hartford, Connecticut), the first educational program for exceptional children and youth was formally initiated. Some twelve years later (1829), the first residential school for blind children in the United States was incorporated in Watertown, Massachusetts. This school was initially called the New England Asylum for the Blind and is now called the Perkins School for the Blind. It was thirty years later before the first residential school for persons with mental retardation was established. The Massachusetts School for Idiotic and Feeble Minded Youth began operation in 1859.

The three above residential schools represented the first organized special education in this country for the deaf, the blind and children who were mentally handicapped. These schools were copied from the residential schools and asylums of Europe. The European influence was particularly strong since many immigrants were familiar with the residential schools and asylums in Europe and since two of the founding fathers of residential schools (Thomas Hopkins Gallaudet) and Samuel Gridley Howe) personally visited Europe to study residential schools and asylums. As in Europe, the residential schools in the United States were narrowly categorical in orientation with the roles of teachers therefore being defined likewise (Reynolds and Birch, 1977, p. 15). This pattern existed for

the many residential schools which sprang up all over the country during the mid and later part of the 19th century.

During the last decade and a half or so, residential schools have been subjected to various forces and pressures to change. Like residential schools of the present and those of the future, residential schools of the past had various constituents to satisfy or to at least obtain their acquiescence in decisions regarding funding and methods of educating or training. The major purpose of this paper is to present an overview of the multiplicity of diverse forces, pressures and influences on the residential school in the United States today with some insight into how these schools have historically responded to these factors and some suggestions on how they must adapt to these forces in the future.

AMERICAN UNIVERSITY OF THE PAST - SOME PARALLEL WITH TODAY'S RESIDENTIAL SCHOOL

Although residential schools of the past have been subjected to various pressures in the past to change, these forces were different in some respects and perhaps even less intense than those facing residential schools of the present. The numerous and diverse factors which favor the integration of blind, mentally handicapped and deaf people into the mainstream of society have been combining to exert increasing pressure on residential schools to change, often in ways which are in conflict. One important by-product is that the number and types of constituents residential schools of today must satisfy have certainly expanded, and many of these are becoming increasingly vocal and influential on other constituents. For example, parent organizations and other organized advocacy groups have exerted tremendous influence on the legislative process during the last few years. It is patent that this trend will continue and probably expand significantly during the next few years. As a result of the increased number of constituents residential schools must satisfy and as a result of the increased activity levels of many of these groups and the interactive effects of the various constituents of these groups on each other, residential schools are coming under increasingly heavy attack.

The situation is somewhat analogous to that which was faced by American universities during the later part of the last century. The basic mission of the 18th century college or university was to serve as a seminary to train preachers. By 1860, there were far fewer college students than there had been forty years

earlier even though there were far more college-age people, thus the American university was dieing fast. Fortunately, a small number of men: Andrew W. White (President of Cornell), Charles W. Eliott (President of Harvard), Daniel Coit Gilman (President of Johns Hopkins), David Star Jordan (President of Stanford) and a few other new presidents realized that the traditional mission for the universities and colleges had to change if higher education was to survive. These men realized that while European examples had much to offer, the new universities had to be American Institutions (Drucker, 1974, p. 150). For example, Eliott, at Harvard, saw the purpose of the university in educating a leadership group with a distinct style while Butler at Columbia and Harper at Chicago saw the function of the university as a systematic application of rational thought analysis to the basic problems of a modern society. Gilman at Johns Hopkins saw the university as a producer of advanced knowledge, and thus Johns Hopkins was to confine itself originally to advanced research at the total exclusion of undergraduate instruction. At Cornell, the main aim was to produce an educated public. Each of these men had to build their new universities on existing, old foundations and had to satisfy, or at least placate, existing alumni and faculty. They also had to be very conscious of the need to attract and hold financial support (Drucker, 1974, p. 151).

What happened to the American university? Well as we all know, it survived and survived quite well. Although it is hard today to tell one large university from another in many respects, it is obvious that the university and college system in this country would not be where it's at today had it not been for the

boldness of these few men to think through the purpose and mission of their respective universities even though such activity is always potentially explosive. This is precisely what has to be done for residential schools today or they too could potentially become "dinosaurs of the past."

WHAT HAS BEEN THE BUSINESS OF RESIDENTIAL SCHOOLS?

Although major differences eventually evolved between residential schools for the deaf and/or blind and residential schools or institutions for the mentally handicapped, the early founders of all of these residential schools did share a common belief that their residential schools could be the primary vehicle for preparing their students to live in an integrated society by providing them with the necessary skills through education and training. As a result, a prevailing attitude among educators in the field and others in the power structure was that residential schools could diminish the impact of deafness or blindness or intellectual impairment and increase the adaptive and compensatory skills of the pupils.

A major difference between residential schools for the sensory impaired and residential schools for the mentally retarded was that the latter schools did from the beginning accept some students who were fairly severely impaired. On the other hand, residential schools for the deaf and the blind characteristically served sensory impaired students without severe mental impairments or other major disabilities. The overwhelming majority of the students in deaf schools were postlingiustically deaf, many of whom became deaf as a result of disease

or infection acquired later in life after language was developed. A similar picture existed among students in blind residential schools in that few had concomitant problems which significantly interfered with their ability to progress academically. The blind student with severe physical handicaps, mental impairment or other major disabilities were generally not served. Some of these students were placed into residential schools for the mentally retarded; however, many were never served by any other school.

Although the major mission of residential schools for the deaf and residential schools for the blind has only begun to change significantly in recent years in some schools, a very marked change in the basic intent of institutional programs for the retarded had occurred by 1885. These institutions were being transformed from residential schools to custodial asylums (Lazerson, 1974). This transformation was completed by 1918 and resulted from four major reasons: (1) the growing concern for where the institutionalized retarded could go when released; (2) the tremendous increase in admissions of patients to institutions; (3) the growing belief by theoreticians that intelligence was fixed and thus educational instruction would largely be a wasted effort for the retarded, and (4) the growing belief that society needed to be protected from the deviant, particularly the mentally retarded (Meyen, 1978, p. 95) and possibly the blind and deaf as well. As a result, residential facilities for the retarded had turned into basically custodial institutions. To a lesser extent, residential schools for the deaf and residential schools for the blind did have a custodial component; however, their major mission was to provide academic programs to blind or

deaf children of generally normal or better intelligence and without other major handicapping or debilitating conditions.

The nature of the deaf and blind populations served by residential schools began to change significantly during the early 1940's. These changes were due primarily to three factors: (1) advances in medicine which have substantially reduced deafness and blindness caused by childhood diseases but which also significantly increased the number of multi-handicapped children (many of whom were blind and/or deaf) who survived infancy; (2) the influence of public school education and the concomitant trend toward integrating sensory impaired children into the mainstream and (3) the effects of the retrolental fibroplasia and rubella epidemics, both of which significantly increased the number of blind and deaf children with severe multiple handicapping conditions. As a result of these factors, approximately 90% of the children enrolled in residential schools for the deaf became deaf by the age of three or before compared to only 55% to 60% of the children in the past (Brill, 1971, p. 6); consequently, these children served in residential schools today are generally among the most deprived of all exceptional children since they are deprived of a major tool for acquiring language and generally find little help in their early environments. A similar picture exists in residential schools for the blind in that a growing percentage of children served have more than one primary handicap. At the South Carolina School for the Deaf and the Blind, slightly over 50% of the children served have more than one major handicap and many of the other 50% have very serious concomitant learning problems. Some residential schools for the blind in the

United States serve only multi-handicapped blind. Others see their role as that of continuing to serve the normal blind student.

The characteristics of the mentally handicapped individuals served in institutions in residential schools for the mentally retarded have also changed in recent years, and these populations were also affected by the above factors; however, the emphasis on moving less severely handicapped individuals out of institutions for the mentally retarded has probably been the biggest single influence.

WHAT SHOULD BE THE BUSINESS OF THE RESIDENTIAL SCHOOL?

The purpose of this program is to discuss some major roles, some of which are relatively new to residential schools, which can be assumed in the present and the future; therefore, they will not be reiterated here. What will be emphasized is the necessity for those responsible for residential schools and for the education of the handicapped to follow the lead of the great university presidents discussed previously. There must be a clear rethinking of the major mission and missions of the residential school if they are to avoid dieing and if they are to be used in an optimum manner for the benefit of the handicapped. In the area of deafness, a serious step has already been taken in this direction by Gallaudet College as a result of a grant from the Kellogg Foundation. One of the major purposes of this project is to stimulate the careful examination of the preceding question and to provide funds for implementing new service delivery models and disseminating this information through improved communication

among residential schools and other service providers. Hopefully, this project will serve as a catalyst; however, each residential school must assume responsibility for thinking through its own missions while taking advantage of all benefits which do evolve from the project. Residential schools for the blind and for the mentally handicapped also must assume the same responsibilities.

THE CHALLENGE OF THE FUTURE

It is patent that the major challenge of the future is to make the residential school truly productive. It must discard roles and missions which are no longer applicable and must assume new ones which are needed to insure that the residential school carries its share of the load in the total continuum of services for the handicapped. The residential school of the future will be under a microscope from all segments of the service delivery system and of society in general. It perhaps more than any other service institution will be required to be effective. It will no longer be sufficient to be efficient. It is not efficiency which most of the residential schools have lacked in the past, it is effectiveness. The basic problem has not been that of high cost but that of lack of effectiveness or at least lack of being able to demonstrate effectiveness. Effectiveness depends upon doing the right things as well as doing them in the cheapest manner possible to achieve the desired effect. Residential schools which continue to try to serve populations that they no longer have or refuse to assume new roles which could improve the utilization of their resources to benefit the handicapped, even if

extremely efficient, may eventually die. These residential schools could be somewhat like the company that manufactures buggy whips. Even if they have the most advanced technology available in the manufacture of buggy whips, they will still go out of business unless the energy crises gets much more severe than any of us would like to think. To be efficient, residential schools must do what was discussed earlier, have the right missions. They must then devise ways of delivering these services in an optimum way at the cheapest cost possible.

Residential schools must put their best and ablest people on planning and implementing constructive change rather than defending what no longer makes sense or serves a purpose. Residential schools of the future must satisfy a larger number of constituents, all of whom will look at the residential school quite differently. Included among this group are students, parents, teachers and other staff members, alumni,the legislature, the governor and others in the budget allocation process, state education agencies who monitor compliance with federal [illegible] and various advocate groups and other public and private service providers for the handicapped. To move constructively, administrators of residential schools in the future must depend upon their own creativity to restructure their resources to better provide services rather than simply to add programs. The taxpayer revolt is not a passing thing nor is accountability. Administrators of residential schools must be able to devise a very clear agenda for change and must be able to identify what information and data are needed to chart an optimum course. To implement these changesat the right speed is

essential. It will occur only when those in the position to implement the changes or in a position to sabotage the changes are made part of the planning process; otherwise, the best laid plans will go astray. Administrators of residential schools in the future will more than ever in the past have to be excellent managers. They will have to understand all of the complex forces mentioned above and to understand how to restructure their environment so that the needs of the students and others served are satisfied. This can only be accomplished if the needs of those providing the services are also satisfied. This means that administrators will have to be skilled at recruiting administrators who have the necessary competencies and even more skilled at retraining present administrators so that they acquire these management capabilities.

Unless residential schools are reasonably successful in attacking the problems addressed in this paper, an individual in the 22nd century who presents a paper on the second 150 years of residential schools may have a short paper.

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THE RESIDENT SCHOOL, A COMPREHENSIVE CHILD STUDY CENTER

STATEWIDE RAMIFICATIONS

Session TH57

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April 1979

INTRODUCTION

The residential school has long been a subject of controversy among educators. The educational and residential programs, whether intended or not, were usually well kept secrets except to those working within the network of schools. Even people living in the community where the School was located were often unaware of its presence and of what went on within its boundries. Professional and support staff workers were often considered outsiders to the public school educational society. The advent of P. L. 94-142 has dramatically changed this. Residential educational programs are now open to public scrutiny. Public school educators and state education agencies are also facing requirements to establish new programs for this same population which has long been served in the residential school.

The purpose of this paper is to point out the advantages, indeed the necessity of both, to share ideas and resources if we are to provide the best education possible for handicapped children.

Residential schools offering educational programs for handicapped children have been long thought of as institutions, places to send handicapped children who because of their handicap didn't fit anywhere else. Historically, most offered more training than education. Farms were usually part of the school, and education was limited to a narrow selection of vocational programs and basic academics. In most cases, very little was known outside of the school of the educational programs carried on within. Parents having handicapped children were given assurances by the school that their education would be taken care of and that they would also grow socially within the school. Parent input into the educational program or residential program was rare indeed.

Dramatic changes started taking place in residential schools after World War II. Many veterans returning from the war had disabilities and the government and the public felt responsible for rehabilitating these veterans. It became vogue to hire a handicapped veteran. Through this influence, the parents gradually began demanding more of educational programs to serve these children. As a result of all of this, schools serving handicapped children evolved into the broad programs seen today in many modern residential schools.

An awareness of this brief history is necessary in order to understand the educational potential presently found in this nationwide network of residential programs. There has been in the past, and there is today, a very close relationship and strong communication system on a national basis among State residential schools. Staffing of residential programs draws from a national pool of professionals, many of whom have worked in two or more programs in different parts of the country. Recruiting positions is often carried on through national professional organizations, such as, the Conference of American Instructors for the Deaf, the Council for Exceptional Children, the American Association for the

Visually Handicapped, to name only a few. The professional teaching, support and administrative staffs found in most residential schools have broad experience and a keen awareness of the academic potential and the strengths and weaknesses of the handicapped populations being served. The mobility of the above mentioned staff is but one way in which various programs developed throughout the country for handicapped children are shared and utilized in good academic programs. The professional organizations mentioned also, through meetings, workshops and periodicals, disseminate good programs which have been tried and tested in State schools, as well as day schools and public schools. Athletics is another vehicle in which program sharing takes place. This is especially true with schools for the deaf throughout the United States. Deaf schools traditionally compete with other deaf schools in neighboring states on an annual basis. Also, affiliations of states in annual tournaments bring together as many as ten (10) schools representing as many states. During these events, school professional and administrative staffs have opportunities to share current developmental programs with each other. Personal relationships established during these times also result in on-going communication and sharing of these programs and the effect they are having upon handicapped children. Other agencies serving the handicapped outside of the educational area have also had a tremendous impact. Vocational Rehabilitation and the Commission for the Blind are two such organizations. Most residential schools serving deaf or blind children and also most residential programs serving mentally handicapped children have representatives from one or the other of these organizations working in close contact with them. Demographic follow-up work from Vocational Rehabilitation is often an important factor in assessing educational programs and also in plotting strategies towards the improvement of these programs.

Vocational Rehabilitation and the Commission for the Blind counsellors are often an important part of the on-going counselling and career preparation which is so vital to good programs serving handicapped children. Lastly in this area, most State residential schools publish monthly newspapers which are disseminated to all other State schools. These newspapers provide a wealth of knowledge pertaining to program successes and occasionally program failures. Many residential school programs have been shaped, modified and improved as a result of work which has been successfully carried on in other residential schools.

To sum up, residential school programs by and large are a product of these national sharing processes.

Let us now take an in-depth look at the present day residential school and its resources. The example selected is the South Carolina School for the Deaf, Blind and Multiply Handicapped in Spartanburg, South Carolina. It exemplifies the types of educational programs and services found in many other State schools. The major missions and goals of the School are designed to best serve the individual needs of the student whether he be a student in residence or a student being served in a public school program elsewhere in the State.

The most important resource in any educational program is its professional staff and its students. This staff dealing directly with students includes classroom teachers, youth counsellors (child care staff), psychologists, psychological and guidance counsellors, behavior management specialists, curriculum specialists, audiologists, speech therapists, social services staff, health care staff, auditory training staff, media staff, adult community education staff, mobility specialists, diagnostic evaluators, special project staff and supervisory and administrative staff. The professional preparation and experience

dealing with handicapped children and adults found in such a staff is by far the greatest asset of the educational program. The above staff serves a total student population of approximately 600 with a wide variety of handicaps.

I hope that by now the potential of the residential school to serve as a comprehensive educational and child study center is becoming apparent. The question then becomes "How do we utilize this potential to provde direction, leadership and assistance to all programs offering educational services within the State?" The staff and student population provide us with answers to this.

A large, experienced, cohesive academic staff serving handicapped students should be involved in a variety of activities designed to learn more of the needs of their students and to plan programs which meet these needs. Teachers and support staff serving on committees with leadership provided by specialists and resources provided by the school administration offer us the vehicle to accomplish this. Following are examples of noteworthy programs at the South Carolina School which have evolved from these activities.

1. Behavior Management - Two behavior management specialists under the direction of the Psychology Department assessed problems in student behavior of deaf, blind and multi-handicapped students and its inhibiting effect on student achievement. The specialists working with a committee of classroom teachers initially gained knowledge and awareness of the learning processes, classroom procedures and academic expectations of the handicapped population being served. Teacher experience and expertise became the initial governing factor. The behavior specialists armed with knowledge supplied by the teacher committee then applied their skills in tailoring a behavior management program to meet the specific needs of these deaf, blind and multi-handicapped children. The program was implemented

in the classroom on a referral basis, data gathered and improvements and modifications made as a result of this data and organized child study. In addition, a series of behavior management training sessions were planned and carried out for classroom teachers and support staff. The results have been (1) early identification of problems, (2) total staff involvement in dealing with the problems, (3) general improvement of behavior management in the classroom, and (4) improvement in academic achievement of students.

2. Specialized curriculum - reading. Following the same committee format, a curriculum specialist was added to the staff. Announcement of this position on a nationwide basis with concentration on large residential and day programs serving the deaf brought applicants with in-depth knowledge of the specific needs of deaf students. Under the direction of this curriculum specialist and with the cooperation of several publishers, extensive screening of educational materials was carried out. The materials in current use were reviewed and those that were fulfilling specific needs in the reading program retained. An established basal reading program was decided upon, and a complete set of supplementary materials including visual aids, testing materials and vocabulary was adapted to serve academic, general and vocational tracks. Extensive monitoring and follow-up was carried on to evaluate strengths and weaknesses of the program so that improvements could be made on a continuing basis. This format is now being applied to the study of math curriculum. Other curriculum areas will follow.

3. Career Education - Public school educational leaders are becoming increasingly aware of the importance of career education concepts in the general scheme of educational programs. National legislation has been passed to foster the growth and development of career education and to provide seed

monies for this. Schools serving handicapped children have long been aware of the role that career education should play in programs serving special children. It has been a part of these programs in many schools although in most cases not on a formal organized basis.

The same general format followed in the behavior management and reading curriculum programs has resulted in marked progress towards the development of the career education philosophy as a part of the total school program. An extensive search by the committee working on this area has uncovered a wealth of material. This material is being screened, organized and adapted for use in all academic and after school learning activities. Interestingly enough, the specialist in this area came to the staff through the school's cooperative involvement with Vocational Rehabilitation. As a result of this work, the school has been asked to become a State Demonstration School in Career Education for the Handicapped. Materials and programs developed will thus be shared and become available to all public school in South Carolina serving handicapped children.

These are but three programs. Many others have been completed or are in various stages of development. These include a standardized manual communications curriculum (and assessment of staff), a mobility curriculum, an auditory training curriculum, comprehensive mental health programs, specialized media packages,adapted physical education curriculum and programs - the list goes on.

I have described some of the work being carried on in one residential school. Multiply this by the number of residential schools in the United States and you can see that we have just exposed the tip of the iceberg.

In a recent nation-wide survey of residential schools and State Departments of Education, I uncovered some startling, even frightening facts, when one is

appraising educational programs for handicapped children. A clear majority of State Department of Education administrators responsible for setting standards and monitoring state-wide public school programs for handicapped children are totally unaware of curriculum which has been developed in residential schools within their State. Indeed, State Department administrators responding from two (2) states did not know the name of the Superintendent of the residential school for the deaf. Some residential schools operated under standards set by the State Department of Education, however, most did not. The advent of P.L. 94-142 and the responsibility of states to formulate and monitor state plans has changed this. While residential schools have been mandated to comply with this state plan, I suspect that in most cases the communication is one way from the State Department to the residential school.

James Cox, former Director of Community Education at Gallaudet College, in a discussion on Community Education referred to the "three T's", trust, turf, and tradition,as important factors operating in our educational system. The separate development of residential schools and State Department of Education programs to serve handicapped children have created barriers between the two in most states. There is a lack of trust caused by lack of communication and fear of control by outside sources. Also, both programs depend upon student population for funding. Both programs are very protective of their turf. Residential schools have, all too often, viewed the development of public school programs as a threat to their continued existance. Public school programs,as a result of this, have often evolved with inadequate direction and resources and with a dim view of the residential school. Tradition makes change difficult. Most residential schools are rich in tradition and have strong alumni groups supporting them. The development of public school services under

P. L. 94-142 has meant a loss of the academically talented student and a shifting of emphasis to serving more severely handicapped children in the residential school. This represents a threat to this tradition.

We have lived long enough with the "three T's" in our efforts to educate handicapped children. The children and their parents have been the losers. I would like to suggest that they be replaced by the "three C's", Consideration, Communication and Cooperation.

A careful consideration of the needs of the child and the appropriateness of the programs offered to serve that child should take precedent over all. A careful and honest appraisal of all available programs and services is necessary to accomplish this. We must not deprive the student of his right to the best education available to him because of the sins of the past.

Consideration is not possible without communication. I have pointed out the resources of the residential school. State Departments of Education also have resources which are available to the residential schools. Awareness of these resources is possible only if lines of communication between the two are open and in use. A sharing of knowledge and staff experience opens the door to excellence by insuring that all have access to the latest and best data and materials available.

Finally, the cement that welds together these efforts is cooperation. Without cooperation, consideration is not possible and communication meaningless.

I have pointed out that the residential school has much to offer. I have illustrated programs that were made possible because a trained staff had a large number of handicapped students with whom to work. This is possible only in residential schools and a smaller number of day programs found in our larger metropolitan areas. The results of these efforts must be available to, and

utilized by the growing number of public school programs through State Department of Education efforts. Staff from the residential school may be assigned consultant roles to assist these public school programs in developing curriculum and selecting materials. Psychological assessment and counselling services, long a part of good residential school programs, should be available to all handicapped children regardless of the academic setting. The utilization of residential schools as intern sites for teachers in training offers an excellent opportunity to work with a large number of students in different academic and vocational classes under the direction of highly trained staff. All facets of the student, in both academic and residential environments, may be studied thus affording these interns experiences not found in universities or public schools.

The students are there. The resources and staff are there. The experience working with handicapped students is there. Established curriculum and assessment materials are there. Let us replace the "three T's", protection of Turf, lack of Trust and holding on to Tradition, with the "three C's", Consideration, Communication and Cooperation. In doing so we insure that the handicapped students in this country have available to them the very best educational services that we have to offer.

Th57

THE GROWING NEEDS OF THE ADULT HANDICAPPED - MEETING THE CHALLENGE OF THE 80'S

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THE GROWING NEEDS OF THE ADULT HANDICAPPED- MEETING THE CHALLENGE OF THE 80'S

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The issues for the handicapped adult and the challenges of society in the 1980's will be primarily determined by those of us who have traditionally worked in our own specialized fields and areas of concern. The specific challenge to each of us will be to act as change agents for the community at large and in particular the specific handicapped population with which we work.

The year 1964 can be looked upon as the watershed year for the civil rights of the minorities of our country. At that time barriers, social and educational as well as emotional and traditional, were dealt with by the legal processes of our country. Voter registration, equal employment, education, and social injustices were all attacked by a plethora of rulings and specially funded programs. Fifteen years later we can all look back and see that there has indeed been a change in our society.

On April 28, 1977, Joseph A. Califano, Jr., Secretary of Health, Education and Welfare, made this announcement: "Today I am issuing a regulation, pursuant to Section 504 of the Rehabilitation Act of 1973, that will open a new world of equal opportunity for more than 35 million handicapped Americans -- the blind, the deaf, persons confined to wheelchairs, the mentally ill or retarded, and those with other handicaps." Section 504 states simply: "No otherwise qualified handicapped individuals in the United States...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial assistance."

The year 1977 can be properly the watershed year for the civil rights of the handicapped individuals in the United States. The first accessibility cases for educational programs were filed in court and since that time, the handicapped adult has begun to evaluate and ask questions on why he or she

is not able to participate fully in a program that is offered to the general citizenry. I predict that the changes seen in the late 60's and through the 70's in minority civil rights will be replicated in the 80's in the world of the handicapped adult.

I. THE NEEDS OF THE HANDICAPPED ADULT

It is risky business for one to state needs because often those stated needs are biased by one's own personal interests and emotional involvement. One should also note that there can be a marked difference between observed needs and actual needs. The observed symptons sometimes do not give a clear-cut picture of the actual cause of a specific need. Programming may deal with symptons rather than causes.

In January, 1978, The Mid-Atlantic Consortium for Community Education sponsored a Role Training Academy for community educators from the Southeastern section of the United States. The Academy sought to identify the role and function of community educators in different settings and ten groups were involved in the Academy, including one group was entitled to Special Populations. The members in the group were a blind person who worked with the aging, a hearing-impaired person who worked with the aging, a physically impaired person working in rehabilitation and adult education, a person working in penal institutions, a person working with the learning disabled and a person who worked with the sensory impaired.

The above group then attemped to define the needs of the special populations as seen from their individual perspectives and the following needs were identified:

...People working with people with special needs should promote a positive change in behavior in the special needs community and in the community at large. Labeling, "myths" about the handicapped, the handicapped populations isolation from the community, empathy vs. sympathy for the handicapped, and community involvement were identified areas in which there was a need for positive change.

...The need for an attitudinal change in which each individual is judged by his potential, not by his handicap.

...The development of awareness and understanding of the Special Needs Community in both the Cognitive and Affective domain.

...The establishment of the community as an enabling environment which will build acceptance of the handicapped citizen in the community at large and the utilization of each handicapped individual's special skills and strengths in the needs of the community at large.

...The role and function of helping people shifting from one of "doing for" to one of "working with" the handicapped citizen.

The Special Populations Role Training group has listed above some of the most obvious needs of the handicapped adult and it is obviously clear that the first step will have to be one of an attitudinal change, both in the community at large and also among the special populations, before effective programming and service delivery will be possible.

II. ATTITUDINAL CHANGE

The challenge of the 80's will be affected by those of us already involved in programming with the handicapped. Each one of us will have to deal with the problem of turf, tradition and trust in relationship to accessibility to existing programs and services and the development of new methodology and interagency cooperation. One does not need to list the number of times that the handicapped citizen has fallen between the cracks because of the lack of effective coordination of services due to the helping person's own particular biases, needs, or mind set. Specifically, the attitudinal change will need to begin with us.

I am reminded of a Pogo strip which was published a number of years ago. In it, the alligator has organized the denisons of the swamp to go to battle. He appoints himself General and Pogo is Lieutenant of the rag-tag army. The strip shows General Alligator sending the Army into the swamp to do battle. The cartoon strip then shows the army returning from battle in complete disorganized confusion. General Alligator asks for a report from Lieutenant Pogo on what has happened to this ill-fated expedition and Pogo very solemnly salutes his General and says: "We have met the enemy, and they is us!"

The helping person then must be aware of his own specific attitudes towards the handicapped individual and deal with these change needs before he or she can be an effective change agent in the community. The specific basic problem I have identified in my years of working with deaf and blind individuals (and I have done this myself) is that we who are helping persons often lose sight of the basic human needs and potential of the handicapped individual due to an over-emphasis upon the specific handicap. By becoming persons with "tunnel-vision", we see only the handicap and its limitations, ignoring the skills and strengths of the individual and thereby placing false limitations upon the growth, individuality and personhood of the handicapped individual. This attitude, unfortunately, then leads the handicapped individual to develop an attitude that because he or she is handicapped, therefore he or she can't (and here I let you fill in the blank.)

Other attitudinal change areas are those of paternalism or maternalism, whichever you prefer, our own need to be needed syndrom, confusing the terms sympathy and empathy, our need to group and generalize and finally our need to make the individual fit the method versus a methodology that meets individual needs.

In the book, The Disabled and Their Parents, the author discusses the fact that many times parents, in the name of love and concern, aid in the handicapping process. He suggests the following guidelines which are also valuable in reminding us that handicaps are made, not born.

... Remember that the disabled are their own persons, not yours. They do not belong to you, to your family, your doctor or to society.

... Remember that each person who is disabled is different, and no matter what label is attached for the convenience of others, is still a totally "unique" person. There are no two retarded children who are the same, or no two deaf adults who respond and react in a similar fashion.

... Remember that the persons with disabilities are persons first and disabled individuals secondly. These persons have the same right to self-actualization as any others - at their own rate, in their own way, and by means of their own tools. Only they can suffer their non-being or find their selves.

... Remember that the disabled have the same needs that you have, to love and be loved, to learn, to share, to grow and to experience, in the same world you live in. They have no separate world. There is only one world.

... Remember that the disabled have the same right as you to fall, to fail, to suffer, to decry, to cry, to curse, to despair. To protect them from these experiences is to keep them from life.

... Remember that only those who are disabled can show or tell you what is possible for them. We who love them must be attentive, attuned observers.

... Remember that the disabled must do for themselves. We can supply the alternatives, the possibilities, the necessary tools - but only they can put these things into action. We can only stand fast, be present to reinforce, encourage, hope and help, when we can.

... Remember that the disabled, like ourselves, are entitled to life as we know it. They, too, must decide to live it fully in peace, joy and love, with what they are and what they have, or to sit back in lacrimal apathy and await death.

... Remember that persons with disabilities, no matter how disabled, have a limitless potential for becoming - not what we desire them to become, but what is within them to become.

... Remember that the disabled must find their own manner of doing things - that to set our standard, (or the culture's standards) upon them, is to be unrealistic, even destructive. There are many ways of tying shoes, drinking from a glass, finding one's way to a bus stop. There are many ways of learning and adjusting. They must find the best way for themselves.

... Remember that the disabled also need the world, and others, in order to learn. All learning does not take place in the protected environment of the home or in a classroom, as many people believe. The world is a classroom. All of mankind are teachers. There is no meaningless experience. Our job is to act as loving human beings with emotional Band-Aids always ready after a fall, but with new road maps at hand for new adventures!

... Remember that all persons with disablilities have a right to honesty about themselves, about you, and about their condition. To be dishonest with them is the most terrible disservice one can perform. Honesty forms the only solid base upon which all growth can take place. And this above all - remember that the disabled need the best you possible. In order for them to be themselves, growing, free, learning, changing, developing, experiencing persons - you must be all of these things. You can only teach what you are. If you are growing, free to learn, change, develop and experience, you will allow them to be.

The helping person will need to assess himself to develop an honest awareness so that positive change can take place. Personal awareness of our attitudes towards the handicapped is a necessary part of the attitudinal change process. Asking one's self the following questions will help in the

area of programming and service delivery:

1. Is this my need or the need of the handicapped individual?
2. What is my payoff?
3. Do I dare to risk failure?
4. Am I making a generalization?

Using this simple inventory will help each one of us to develop an on-going check list of where we are coming from in the development of effective programming and needs identification of handicapped citizens.

There is also then the spin-off that is necessary. From this change in attitude of the helping person, the handicapped individual will need to look at himself and some of his specific needs and attitudes. Isolation, helplessness, "not my responsibility", "Because I am handicapped, you owe it to me", and a number of other attitudes must be looked at by the handicapped individual himself. Most of these above attitudes have been created by we helping people who have found it easier to do for than with the individual.

Anne Morrow Lindbergh, in The Unicorn and Other Poems, writes: "Him that I love, I wish to be free - even from me."

III. INTERAGENCY COOPERATION AND REFERRAL

The turf, tradition and trust syndrome has been a bane for the handicapped citizen since the beginning of any type of agency programming. The rules and regulations become so important that the actual need may be lost in the shuffle of paperwork. In my office I have a list of 167 national level organizations. Ninety-seven organizations work with the handicapped. There is a definite need for such agencies to create a laison with each other and develop effective communication so that the handicapped individual will be able to better utilize those esisting services available.

We all have heard the "horror story" of the handicapped individual who has gone to one agency for a specific need only to be referred to a second agency which refers to a third agency so that eventually the individual ends up at the first agency he contacted. The "pillar to post" services provided to the handicapped citizen needs to be cleaned up.

Each one of us involved in agency service delivery need also to develop a little less "prima donna" profile and more of an effective action profile with good evaluation techniques. The realization that we cannot meet every identified need and need to work with others who have a

particular resource or skill so as to provide the most adequate and effective service to the handicapped individual will do much towards improving services and meeting the actual needs.

The final need is for each of us to accept responsibility for our share of the programming. Most plans of action in referral result in our agency being off the hook and documenting that Mr. X was referred to agency Y for the purpose of Z. We close our file and pray like hell that Mr. X doesn't come by again. Follow-up is an important part and will serve as a valuable check against the handicapped individual falling into the limbo frustration.

The arrival of advisory councils for agency programs is a step in the right direction, but we must be careful that we include the target population on this council. The advisory council can serve as a useful needs assessor and resource identifier. Don't let it be a rubber stamp so as to justify your programming.

IV. MODELS FOR THE 80'S

Our nation leads the world in handicapped programming and has the most resources available to any society. This section will attempt to share some models that can be used in the 80's so as to provide even better and more effective programming to meet the growing needs of the handicapped adult.

1. A Change of Role from Helping Person to Enabler.

We in the professional world can serve as enablers with the handicapped citizen in the areas of community attitude, awareness and programming. An enabler will be an advocate where necessary but basically will attempt to provide the handicapped individual with options. The enabler will walk with, not ahead of or behind, the handicapped citizen in needs identification, resource identification and service programming. The enabler also recognizes that many times his job is finished and there is no need to continue a specific program since the specific need has been met. In other words, the enabler will work himself out of work so as to go on to other identified needs.

2. Interagency Councils

To improve communication between agencies and organizations, the interagency council is an effective means of laison and communication.

Our program of Community Education needed to identify the resources offered in continuing education in Spartanburg. After making initial contacts and working with one specific agency, we saw that they could not provide all of the varied resources necessary for the specific identified needs we had in continuing education. Continuing education programs in Spartanburg competed with each other for bodies and not effective educational programming. When a deaf person wanted to take a continuing education class, we would refer him to that class. Meanwhile, there were five other classes offered in the same area about which we were unaware. When each of the classes failed to come up with the minimum number of students, they were cancelled, leaving the community at large and our deaf person with no class at all. There was a need to get the registrants together to provide enough students for one class. At our invitation, we invited six agencies we had identified to our school to sit down over lunch to discuss this problem. From this initial meeting developed the Spartanburg Association of Community Education made up of over 20 different providers of educational programming in the Spartanburg community. Linkages have been made and we are tackling some of the old turf problems. At the same time, a growing trust level is developing. It is exciting to see what happens as people work with each other to develop more effective programming.

3. Awareness Programming

National spots on television are fine, but they never really hit home locally unless you happen to work with the handicapped. Set up local awareness weeks and involve the community outside the handicapped world as well. Begin small and add to it each year. This is our third year of Deaf Awareness Week. The first year consisted of a visit to the campus for the community and some newspaper articles. The second year was a booth at the library and also at a large shopping center mall along with some TV spots. The snowball has begun to roll and presently there is an interagency committee working on the weeks' activities including the S.C. Association of the Deaf, the Deaf Alumni of our school, a private college, the L.E.A. hearing impaired program, speech and hearing center, and V.R. just to name a few. The Mayor of Spartanburg will proclaim the week as Deaf Awareness Weeks and a special day at an amusement park in Charlotte will take place involving the deaf communities of both North and South Carolina.

A second model in awareness is that as an enabler you can utilize the handicapped citizen in talks to service groups, churches or whatever. Community Awareness and attitudinal change happens faster when one talks with a blind person rather than hearing a talk about the blind.

4. Orientation Seminars

Hospitals, government agencies, educational agencies and others are seeking resources to help them comply to Section 504. One of their problems is that they don't know where to turn. The enabler can make contacts and help these parties identify their particular programming for the handicapped needs so as to make them more effective service deliverers.

5. Publications for the Community

There are a lot of good materials that are available and need to be distributed. We have given away so many ABC cards that some may accuse us of being "deaf peddlers". Each item we distribute has our office name and address along with phone number on it so that the general community has a beginning reference point.

6. Physical Accessibility for the General Community

One of the prime purposes of our continuing education program is to bring the community onto our campus along with meeting an educational need. The attitudinal barrier drops quickly when the person from the community learns woodworking from a deaf shop teacher utilizing an interpreter. Demythologizing takes place and the person is seen, not the handicap. The woman learning ballroom dancing side by side a blind person suddenly realizes that handicaps don't necessarily limit and interests can be the same. The mother coming on campus sees the students playing like other kids and enjoying the same physical sports her children do. She learns to recognize more of the samenesses than the differences of the handicapped person.

The list could go on and on, but there is no reason for our special institutions putting a sign on the front entrance that says "for the handicapped" only and continues to place a mystique on the physical setting. The institution has the same responsibility to the community as the community does to the institution.

CONCLUSION:

As a community educator, I am firmly committed to the concept of needs identification, resource identification and the bringing together of those two so as to provide an effective delivery of services. As enablers, we will be able to provide options and bring to bear a variety of resources

upon the identified need of the handicapped adult. By serving as a bridge persons, we enable the handicapped community and the general community to come together and each is able to bring to bear their combined efforts upon a specific need.

P.L. 94-142 and Section 504 along with Section 503 are realities. To meet the challenge of the 80's and the growing need of the handicapped adult, each one of us will need to see ourselves as enablers, looking outside of ourselves to others in the community. The wheel has been invented. Now comes the time to attach it to the wheelbarrow.

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SECTION 504 OF THE REHABILITATION ACT OF 1973 - FACT SHEET

Handicapped Persons - Rights under Federal Law

U.S. Department of Health,Education, and Welfare
Office of the Secretary
Office for Civil Rights
Washington, D.C. 20201

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Session TH57: The Residential School: A Dinosaur of the Past or a Catalyst for Conservative Change

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INTRODUCTION

It is an amazing fact of American political life that, in the past, very little outside Congress was ever written on the nexus between legal change and their cost of implementation. This is my topic today - the emerging legal concepts and leading cases under PL94-142 and Section 504 as well as the costs of implementing them and the costs to all of us when non-funding results in non-implementation.

First, the law.

Legal Changes in Children's Constitutional Rights

A study of the most recent sweeping changes caused by PL 94-142 would be incomplete without first viewing the recent changes which child-en's constitutional rights have undergone. Historic and traditional assumptions have been challenged and changed.

The first big step was the 1979 Supreme Court case of Tinker vs Des Moines Independent Community School District, 393 US 503 (1969). In that case, the Supreme Court stated that school children are "persons" under the meaning of the Constitution, and as such, are entitled to constitutional rights within their educational institutions. Thus, neither states nor state-related agencies are permitted to violate children's constitutional rights, whether through laws or through administrative practices. Tinker involved the right of school children to engage in nondisruptive symbolic speech, namely the wearing of antiwar armbands.

The Supreme Court in the 1976 case of Planned Parenthood of Central Missouri vs. Danforth 428 U.S. 52 (1976), remarked that even though the states have "somewhat broader authority" to regulate children's activities than those of adults, nonetheless. . .

> "Constitutional rights do not mature and come into being magically only when one attains the state-defined age of majority. Minors, as well as adults, are protected by the Constitution and enjoy constitutional rights."

Radical change has occurred recently in providing education to the handicapped. State legislature as well as the U. S. Congress has firmly stated, via laws such as Public Law 94-142, that each child in America has constitutionally protected legal right to education, guaranteed by the Equal Protection Clause of the 14th Amendment. This obligation is primarily one for local school districts or systems to provide the education or, alternatively if this is not practical, to make special arrangements, often at the expense to local taxpayers, to have the special education provided by other districts, agencies, and public and private residential schools.

Least Restrictive Environment

The principle of the least restrictive alternative stems not from PL94-142, but from what at least one author has referred to as "the apple-pie promise that people should be free to live as they please unless they are harming others." (Right to the Least Restrictive Alternative Setting for Treatment," by David Chambers, Legal Rights of the Mentally Handicapped, PLI, vol.2).

This basic premise is expanded to declare that when Government has a legitimate public goal to serve, it should gain this legitimate community goal by means which negatively impact on individual freedom to no greater an extent than is essential

to achieve the public goal. This sliding rule of practicality in effect is an abridgement of the ancient balancing test which weaves its way through American Constitutional law, weighing in the balances the merits of the public weal versus the rights of the individual.

The most frequently-quoted Supreme Court enunication of this least restrictive principle came in the landmark 1960 case of Shelton vs Tucker, 364 U.S. 479,488 (1960), wherein the High Court declared that in judging governmental actions "even though the governmental purpose be legitimate and substantial, that purpose cannot be pursued by means that broadly stifle personal liberties when the end can be more narrowly achieved." In the mental health area, states have for some time demanded their judiciary to use alternatives to treatment like New Mexico where feasible.

Other constitutional avenues may include the Supreme Court compelling the state to gain their legitimate goals with the least regulation possible, as in the milk cases highlighted by Dean Milk Co. vs City of Madison, 340 U.S. 349, 354-56, a 1951 Supreme Court case. The general thrust of cases like Dean Milk is that, while states have the power to regulate health, education, etc. in the public interest, they must also consider the impact on the individual regulated. The higher courts will allow only that degree of regulation in state intervention which is warranted - and no more.

Another constitutional trap may well be that of refuting regulations against the handicapped, the infirm, the retarded and insane as being "constitutionally suspect," like the regulations shown overtly to be based on race. The Willowbrook court rejected this argument, but others may not do so in the future.

Civil commitment of the handicapped, can fly in the face of other constitutionally-protected rights, such as those of free association and travel, which have been upheld in the landmark cases of Aptheker vs Secutary of State, 378 U.S. 500, 512-14 (1964) and Shelton vs Tucker. Recently, federal courts have held that prior to involutary hospitalization of the mentally ill, the Constitution demands a study which determines no more suitable and less restrictive alternatives exist. (see, e.g., Dixon vs Attorney General, 325 F. Supp. 966 (M.D. Pa. 1971).

Contra to this, however, is the 1973 case of Rodriquez vs San Antonio Independent School District, 93 Supreme Court 1278 (1973), in which the Supreme Court stated that separate schooling for a mentally-handicapped child might be allowed even where a less restrictive alternative was clearly available.

What then are the positive aspects of the concept of least restrictive alternative? What it does, initially, is require a court or agency to define the state goals, a process good in and of itself where impermissible goals are rejected. The principle can secure a myriad of varied forms of relief-once goal-setting is completed. Case-by-case commitment schemes are one possibility. Once the commitment issue is settled,

hopefully prior to commitment, then other, bolder uses of the principle are possible: bars on marriage among institutionalized personal use of the principle to demand new alternatives where none exist now, as in Willowbrook, or suits to compel new educational programs.

In defending agency and state actions, some big arguments the states have used have been (1) the paternalistic instinct of protecting the handicapped person against himself, (2) the fact that many institutional residents are "voluntary" residents, who may however feel there is no reasonable alternative for them and (3) the costs of new alternatives, coupled with state arguments that they, not individuals, judges, interns, lawyers or legislators, can best determine what is least restrictive or most appropriate.

The principle is a tool which is supposed to result in the dismantling of ancient restrictions and creation of new community-based programs. It is costing money. It does not mean, as in the Willowbrook case, that all residential schools are dead or even dying. It does mean, however that the handicapped have the right to question their status, their placement, their treatment, their educational and other growth opportunities. It has rippled waters and ruffled feathers.

The Handicapped Act only legislatively grouped the thrust of general ongoing case law. The Act did little to define what the true prameters would be in the future. That was left to the courts.

The case-by-case court method will determine that type of the concept, since state legislatures and Congress have generally failed in the past to recognize and treat a major sociological and educational problem. Institutions which pick up the gauntlet and strike forward to meet the challenges posed by the new law and the new principle are these which will fare the best.

Least Restrictive Alternative - The Range of Choices

The meaning of the term "least restrictive alternative" is becoming more precise. It means that in school, a child is to be in the regular classrooms unless it is proven this is not suitable. If unsuitable, the next least restrictive alternative is to be tried, such as bringing in a school psychologist to work part time. Next in line might be special classes in the school, perhaps followed by homebound instruction or assignment to an alternative school, homebound mental services, or finally institutionalization.

Even institutionalization has lesser and more restrictive forms. Limited or part-time institutionalization coupled with part-time public schooling would be less restrictive than public institutionalization, which in turn would possibly be less restrictive than private institutionalization. The options are considerable. It seems to mean a right to the least restrictive alternative which is suitable to the need of the particular individual. Suitability is weighed against effectiveness and depends upon evaluation.

There are various ways to implement the concept of least restrictive alternative, as in seen in the various court decisions to date. One problem to date has been jurisdictions where only one alternative is available - for example, the local school, or perhaps institutionalization. What do you do then? A recent District of Columbia case saw the court create other alternatives itself where the only option available was institutionalization. The D. C. court thus forced the government to create other alternatives by, if necessary, spending money.

In the celebrated, Willowbrook case, the court there took a different tack, demanding the institution pay for "adequate service." This approach foists heavy, new costs on the states. The states in turn, placed in a money crunch, search for less expensive alternatives.

Less expensive alternatives mean less restrictive environments, since institutionalization costs money, generally, but this is a rule subject to many exceptions. In fact, the least restrictive environment may be prohibitively expensive, as compared to institutionalization, in some instances.

Right-To-Treatment Issues - Mentally Handicapped Cases
(The Basics For Least Restrictive)

In the mentally handicapped area, the right to treatment issue has taken center stage. The law historically has had no interest in what occurred within the walls of mental institutions. Courts refused to tackle "right to treatment" questions. It wasn't until the 1966 case of Rouse vs Cameron, 373 F 2d. 451 that a federal court recognized that an institutionalized patient had a right to treatment, with habeas corpus relief available.

A Charles Rouse was committed to S. Elizabeth's Hospital after succeeding in defending against a misdemeanor charge by acquittal on grounds of insanity. Even though the misdemeanor charge had a one-year term of imprisonment, Rouse was still confined four years later. He attacked his confinement, and Judge Bazelon of the D. C. circuit demanded a hearing on whether or not Rouse was receiving adequate treatment.

Two years later, in Mason vs Superintendent of Bridgewater State Hospital, 339 Mass. 313, 233 N. E. 2d 90 (1968), a court held that a non-penal commitment without subsequent treatment would likely unconstitutionally violate the due process and equal protection clauses of the 14th Amendment.

The third in the line of major right to treatment cases, Wyatt vs Stickney, 344 F Supp. 387 (M. D. Ala. 1972), went even further. Federal District Court Judge Johnson held in Wyatt that the entire Alabama state mental institutionals systems (for retarded and mentally ill) had failed to provide adequate treatment for a class of patients. In Wyatt, it was stated there was a constitutional right to treatment.

In Donaldson v O'Connor, Civil Action No. 1693 (M.D. Fla., 1972), a Florida court assessed $38,000 in damages against the Superintendent of Florida State Hospital and a staff psychiartrist individually. It was shown the patient was held against his will, by doctors who know that he was neither dangerous or mentally ill and that, even assuming he as mentally ill, nonetheless he has received no treatment for mental illness. The judge declared that "a person who is involuntarily currently committed to a mental hospital does have a constitutional right to receive such individual treatment as will give him a realistic opportunity to be cured or to improve his or her mental condition."

Halderman

In Halderman v Pennhurst, PA., 1977, a federal district court ordered that a decree be implemented which removed all residents from an institute for the retarded because minimal adequate habilitation was not being provided only "confinement and isolation."

In the famous Willowbrook case, New York State Assn. for Retarded Children v Rockefeller, 357 F. Supp. 75 L (D.D. N.Y. 1973), the Court there held that "Since Willowbrook residents are for the most part confined behind locked gates, and are held without the possibility of a meaningful waiver of their right to freedom, they must be entitled to at least the same living conditions as prisoners."

The legal, that is, constitutional and statutory basis for the emerging right to treatment includes the 14th amendment substantive due process argument, the 8th amendment prohibition against cruel and unusual punishment, the 14th amendment guarantee of equal protection, state statutory bars against harm to handicapped persons, explicit state statutes mentioning right to treatment clauses, and state constitutions.

The real issue in all "right to treatment" cases, however has been the issue of allocation of financial resources - funding questions. Right to treatment opponents have argued that the high cost of implementing even minimum standards makes it impractical. They also argue that the judiciary has usurped the legislatures' rightful function of balacing needs of patients versus available staff revenue - a balancing act which

balances needs of patients versus state needs for new highways, etc.

however, there is no real issue here. In Rozecki vs Guaghan, 459 F2d 6 (1st Cir., 1972), and several other cases, the courts have generally agreed that lack of adequate financial resources is not a valid justification for the denial of a constitutional right. This is more and more becoming the law, in mentally handicapped as well as schooling cases.

Some recent cases should be reviewed to see the way the courts have been progressing.

In New York State ARC and Parisi vs Carey, a 1977 New York case known more commonly already as the "Willowbrook Case," a major decision was made by a federal district court in the eastern district of New York.
This case involved Willowbrook State School for the Retarded, a residential school in New York State. A 1975 consent decree ordering tremendous changes at Willowbrook resulted. This decree mandated reforms under the 8th and 14th Amendments. Reforms were ordered in staffing, various school programs, therapy physical environment and other aspects. The purpose of the consent decree was purportedly to preclude the retarded from regressing. A review panel was created whose task was to create alternative community programs and different facilities. The result would eventually be trimming Willowbrook's population to a paltry 250 from the original 5700.

As one part of Willowbrook however, the court ruled that a proposed transfer of a resident of a large residnetial institution such as Willowbrook to a smaller residential institution was not good, since such a transfer would result only postponement of the long-term desired goal of placement in the community.

Willowbrook broke precident in a big way. First, the 8th Amendment's bar against "cruel and unusual punishment" was utilized. Secondly, the attempted transfer from large to small institutions, was soldly rejected. Thirdly, a large center for the retarded saw its' future changed overnight in a court case. If projections come true, the future population of Willowbrook will be only 4 per cent of the 1975 population. The impact on financing, staff and management of Willowbrook and the community affected cannot be overstated.

Willowbrook was quickly employed in another case: Griswold, the residents of the Arizona Training Program at Collidge alledged that they had suffered from treatment and habilitation and that this was a violation of their 14th Amendment due process and equal protection rights. The residents indicated this resulted in deterioation and harm to them, which they alleged to be a violation of their 8th Amendment rights

to be free from cruel and unusual punishment. Additionally, the residents charged violation of section 504 of the 1973 Rehabilitation Act and the Developmentally Disabled Assistance and Bill of Rights Act.

The court was faced squarely with the issue of whether the residents were to be considered as voluntary or involuntary. Prior 14th Amendment-based decisions on such residents had turned on the question of voluntariness of commitment status. The court ruled the residents were involuntary, lacked capacity to decide on courses of treatment and had no meaningful right to leave the premises. As involuntary residents, in a state having no community alternatives, their complaints were agreed to have denied the residents their rights.

A 1978 New York case, Lora vs New York Board of Education (E.D.N.Y. 1978) has cemented the line of right to treatment cases. In these cases, it has been argued repeatedly that confinement by civil commitment, for example, in order to provide treatment, where treatment doesn't ensure, acts as a restraint of liberty.

Plaintiffs in Lora argued sucessfully that the placement of emotionally handicapped into special public day schools was an unconstitutional restraint on liberty. Four arguments were used in Lora to provide the bases for a right to education and treatment:

1. Segregating the emotionally handicapped is a restrictive environment;
2. Placement being involuntary, this effects a restraint on liberty, which would be improper unless education and treatment ensues;
3. Restrictive environments are only permissable if most appropriate; if no adequate treatment exists, the placement loses its meaning and due process is violated;
4. To place emotionally handicapped students in restrictive settings, then not offer treatment and education which will suffice to move them into a less restrictive environment, subject them to unequal treatment;
5. PL94-142, Sect. 504 of the Rehabilitation Act and other recent federal statutes guarantee a minimum education unique to the handicapped child.

Thus, Lora outlines the basics of a right to education and treatment, basics which, if not provided, result in a violation of federal statute-under the ground that the education provided is not "most appropriate." Right to treatment, or education, if not porvided, becomes the trigger, labels the education as "inappropriate," and thus is one way to get within PL94-142's protection.

What happens when a least restrictive alternative doesn't exist? This occurred in the District of Columbia case Dixon v Weinberger, which involved St. Elizabeth Hospital. The court found that 43 per cent of the mental patients could have been served in less restrictive environment, but no lesser restrictive alternative existed.

The court demanded that less restrictive alternatives be created by directing funds appropriated for use in the hospital to pay for other options. Dixon shows that certain courts will not allow inadequate funding to get in the way of prcviding an appropriate setting which is least restrictive. As a result of this case, it has been reported that the hospital has incurred accrealitation problems based on lack of funding. Two arguments have been traditionally advanced to define use of a restrictive environment; First, the lack of other existing alternatives, typically a valid excuse in the past, courts have now decided is a denial of constitutional rights. Second, institutions have effectively argued that, if the patient wants a less restrictive setting, he is free to go elsewhere. In Dixon, however, the court rejected this, saying the institution had a positive responsibility to provide and could not adapt such a cavalier attitude as in the past.

Correct Placement and Costs

That correct placement may result in financial disadvantages can be seen by the economic dislocation of Willowbrook and other cases, such as Doe,et al vs Klein, et al, a 1974 Superior Court of Trenton, New Jersey case. This case was a class action suit brought in 1974 by patients of the Greystone Park Psychiatric Hospital in Trenton, New Jersey against that facility. The patients alleged grossly inadequate furnishings, lack of social contact with members of the opposite sex, inadequate clothing, dirty toilets, understaffing, poor-quality staffing, failure to provide privacy, keeping residents in solitary and allegedly tying patients to their beds.

The patients won. State and hospital officials were chastised by the court and told to reform and revamp conditions. In a decision called by at least one expert the most for reaching in history, for state psychiatric patients, the federal court threw economic considerations to the wind.
Officials were instructed by the court that current and future funds had to be used to upgrade living conditions. Personnel were to be upgraded and a more humane environment dictaged, along with enforcement of a statutory patients' bill of rights, institution of individualized treatment programs, freeing the patients from physical harm, promoting safety and privacy. The court demanded that treatment be provided in the"least restrictive environment."

In Howard S. vs Friendswood Independent School District,454 F. Supp. 634 (S.D. Tex., 1978), a Texas federal distric court blazed new trails by requiring a public school to pay the costs of private residential placement for a student suffering severe emotional problems. After attending schools 5 years in California, the boy, diagnosed as having minimal brain damage and a recipient of special education, moved with parents in 1973 to Texas, enrolled in school and was noted as having short attention spans. Despite

normal intelligence, he made terribly slow progress in school, exhibiting tell-tale signs of organic brain damage, poor performance and poor concentration.

He was mainstreamed in junior high. In a special education program, he enrolled in 1976 in Friendswood High, where he became a truant, a discipline case and showed behavior disorders. The school was alleged not to have provided him a free, appropriate public education, leading to severe emotional disorders which concluded in a suicide attempt and hospitalization. While in hospital he was officially dropped from Friendswood without a hearing.

The court said the failure to provide a suitable hearing was a denial of due process rights under the Handicapped Act of 1973, then stated the school would immediately evaluate the student, determine his educational needs develop immediately an individual plan for him, and finally, contract for provision of appropriate educational services for him without cost. The court also told Friendswood to pay for current schooling elsewhere while the evaluating was pending.

Cost Issues

The cost issue of mainstreaming is an increasingly important one, especially in the post-Proposition 13 era. As Fay Macklin wrote in August, 1976 in American Annals of the Deaf, "what is needed is a cost analysis of current practices in teams of resources required and educational outcomes, and of alternatives.: The goal of cost analysis is to provide educational decision-makers with correct information which shows the optimum program in terms of available resources, whether money, facilities or trained personnel. The current state of the art in mainstreaming cost analysis is not good. Virtually no cost analysis methods exist at the local shcool district level to determine program costs for alternatives. Nafsinger in 1974-75 compared cost per pupil naturally of self-contained selected academic placement, learning center and mainstreaming models for E.M.R. Students and came up with the following figures: The cheapest cost was the $1253 per pupil for selected academic placement, a variation of the self-contained model.

The Rehabilitation Act

The Rehabilitation Act of 1973 has caused many changes on campus regarding accessibility. Colleges have printed guidebooks to campus for the disabled, special rooms, modifications of facilities and outlets, ramps, adapted elevators, modified busses, curb cuts on sidewalks, braille campus maps.

The colleges are shooting to meet a HEW directed mid-1980 deadline. The major problem which exists in all areas of Section 504 changeover is the spectre of higher costs.

- Trains and most busses as well as subways are inaccessible to the handicapped.

It has been estimated, for example, that the costs of adapting the Chicago transit system for the disabled would be $1 billion. President Carter last year signed a bill calling for $5 billion to assist the handicapped, but all of this may well not be funded given the new emphasis on balanced budgets.

It is said by HEW that "cost is not a factor when it comes to providing civil rights." It may not be for HEW, but it certainly is for everyone else. In fact, rightly or wrongly, the cost issue is the one roadblock which all opponents of immediate complinace with 504, PL 94-142 and other handicap civil rights related legislation agree upon.

The cost issue is precisely the one which must be overcome if truly rapid studies are to extreme, for with it proper private or public financing, the new language is just so many useless words.

The Office for Civil Rights has issued policy interpretations of HEW regulations for Section 504 of the 1973 Rehabilitation Act. These policy interpretations, issued in 1977, indicate that, in the program accessibility area, an institution is not required to make structional modifications to its existing facilities if the institution's services can be made effectively available by different methods tc mobility-impaired individuals. Institutions must give priority to methods which offer handicapped and non-handicapped persons programs and activities in the same setting. The 504 regulation was written to demand "program accessibility," and not "building accessibility." Thus, there is flexibility in compliance. All existing facilities at an existing institution do not have to be made accessible. The standard for pre-existing buildings is a flexible one - otherwise economic chaos would be the product. Due to this built-in flexibility, however, 504 does not allow for waivers.

Under 504, all public or private persons, institutions or other entities receiving benefits from HEW financial aid are covered. Additionally, HEW proposed regs indicate that "carring" is unacceptable as a means of achieving program accessibility for mobility-impaired persons. Finally, in keeping with the concept of "mainstreaming," students who have lost limbs or appendages or organs cannot be summarily excluded from contact sports.

At the University of Texas in Austin, a handfull of handicapped students are suing the university to attempt to force it to provide them shuttlebus service. The students have paid for the services, but the busses have not been modified for use by the handicapped. The proposed regulations under 504 do not allow carrying as an alternate.

The university is torn on a weighing of a balance between the handicapped students and the cost of providing this. The university suggests this would cost $1 million a year. Someone pays the bill.

The Dean of Students at the Texas School for the Deaf, a deaf man, is suing under 504 to recoup cost of interpreters for a mandatory course that must be taken at the University of Texas. Nelda Barnes, a teacher at the South Carolina School for the Deaf and the Blind who is deaf recently sued to force Converse College to provide interpretative assistance in the classrooms. The decision is on appeal.

Obviously, if universities in the future have to provide interpreters at no cost to the deaf student, tuition costs are going to mise radically.

In conclusion, the twin condepts of "least restrictive environment" and the "most appropriate education" existed in case law prior to passage of PL94-142. Congress passed an ambiguous, vague law whose interpretation is currently ongoing the courts, resulting in a misplea of new, exotic decisions. The impact on local schools and handicapped children is likely to be less than totally predictable and less than uniform for a few years. The original goal of Congress will be reached only in individual cases for some time. As a result, it will be difficult for a nationwide consensus to prevail.

Much of the problem can be traced to money. Cost issues in the wake of Proposition 13 are preventing federal, state and local governmental bodies from implementing PL94-142 as well as Section 504. Government, in a word, has not put its money where its mouth is.

Meanwhile, the courts are generally ignoring the cost issue - in effect saying that cost is not an issue where such basic rights are involved. The problem is that the least restrictive alternative which is the most appropriate is not always the least expensive.

Federal funding under P.L. 94-142, the federal Education for All Handicapped Children Act of 1975, has grown from $50 million in fiscal 1973 to $200 million by FY 1977 to $526 million for FY 1979. A total of 3.6 million children are being served in 1979. The 94-142 funding formula, if followed by Congress, would provide $1.2 billion; based on the 3.7 million served in 1978-79. The Carter Administration initially sponsored legislation calling for $804 million for FY 1980. The per student federal payout for FY1979 thus is $146. The Carter people would increase this to $222 by FY 1980, while CED in 1978 urged a jump to $333 per handicapped child.

Similar failures of Congress to live up to their PL 94-142 promises abound. Only $45 million was appropriated for special education personnel development in 1978, and only $15 million was appropriated for the 1978 school term for special education for preschool handicapped. Just $2.5 million was spent for the gifted and talented in 1978 and $20 million on EHA, Part E research.

This should be viewed against the high-sounding statement of purpose Congress included as a keystone to P.L. 94-142. Congress said:

> "State and local educational agencies have a responsibility to provide education for all handicapped children, but present financial resources are enadequate to meet the special educational needs of handicapped children; and it is in the national interest that the Federal Government assist State and local efforts to provide programs to meet the educational needs of handicapped children in order to assure equal protection of the law."

Congress, in passing PL 94-142 and the Section 504, declared the moral equivalent of war on ills, injustices, and inequalities which had long beset the handicapped of America. It legislatively recognized these inequalities and served notice they would be corrected. Mainstreaming was demanded, a full and free and most appropriate education in the least restrictive environment was dictated into law. Section 504 was a Joshua's trumpet which was to make the barriers come tumbling down.
Now we are beginning to reap the whirlwind. Funds are still inadequate. Proposition 13 and its impact has dried up state tax monies even more. In Washington, ambitious budget slashers trim the sails, yearning for the good old days of balanced budgets and proceed to do so. A wave of fiscal conservatism is on the horizon. All of which may or may not be good, or bad.

The point is that the law is in motion, the IEP's written, the due process hearings started, the court cases filed. The law is there, but the funds and necessary mechanisms to translate 94-142 and 504 into reality are not.

If a form of educational chaos is not to develop, or a sneering disregard and mistrust of these new laws is not to develop, the cost and funding factors must be reckoned with now. That is the challenge which now faces America if these laws are to be translated into something meaningful and if children are to be served appropriately.

Partial List of References

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3. Insight, The Council for Exceptional Children Gvoernment Report, 1978/Vol. 4, May 15, 1978.

4. "Right to Least Restrictive Alternatives" Setting for Treatment; David Chambers, in Legal Rights of the Mentally Handicapped, PLI, vol. 2

5. Legal Rights of the Mentally Handicapped, PLI, vols. 1,2,3.

6. American Annals of the Deaf, Cost of Mainstreaming, Fay Macklin, Aug. 1976

David Tatel, Director of the Office for Civil Rights, writing on "Complying with Section 504, The Costs Have Been Exaggerated," recently said there has been widespread misunderstanding of some of the 504 regulations Tatel added that "Institutions that overestimate what is required and elect to do nothing at all because of this understanding will do a desserive to themselves as well as handicapped persons. . . . . The legitimate costs will pose a serious enough problem without the additional headaches caused to administrators by unfounded fears."

Tatel noted further in his paper that the costs of complying with 504 are, on the whole, far less than the costs of cleaning the floors. A recent report by the private, nonprofit organization Mainstream, Inc., indicated that their survey results showed the cost of making 34 facilities accessible totaled one cent per square foot, compared to a 13 cent per square foot figure required to clean and polish the floors of the same facilities.

In 504, important progress in achieving barrier-free design is being blocked by the fear of costs perhaps as much as cost itself.

Even though it has been said with apparent sincerity that there should be no upward ceiling on the dollar limit we place on the cost of civil rights expansion, we all realize that in the age of balancing budgets and inflation fighting this is not a practiced goal. There simply are limits. The real question is whether the courts will recognize these limits and, if not, what happens then?